

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013845

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 28

FILED APR 2 1962

1. PLACE OF DEATH

a. COUNTY Sullivanb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MilanLength of stay in lb
25 yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION S. C. M. HInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Sullivanc. CITY
OR TOWN MilanInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
101 N MARKETReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Mary Middle Louise Last Poole4. DATE OF DEATH March 23, 19625. SEX
Female6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
8/1/19029. AGE (last birthday)
59IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during last working life, even if retired)
Housewife10b. KIND OF BUSINESS OR INDUSTRY
Home and Store11. BIRTHPLACE (City and state or country)
Knox county, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A

13a. FATHER'S NAME

John B. Miller

13b. MOTHER'S MAIDEN NAME

Margaret Dorian

14. NAME OF HUSBAND OR WIFE

Alfred Poole15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Address

Alfred Poole, Milan, Mo18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (c)

INTERVAL BETWEEN
ONSET AND DEATH3 weeks4 weeksPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour 11:00 a.m. Month, Day, Year 3/23/6220d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY Sullivan STATE Mo.21. I attended the deceased from 7:00 PM to 3:23 PM and last saw her alive on 3/23/62
Death occurred at 7:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)23b. DATE
3/26/6223c. NAME OF CEMETERY OR CREMATORY
St Mary's23d. LOCATION (City, town, or county)
Milan Sullivan Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Schaenitz Fred Milan, Mo3-28-62Garnet B. Leeper

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

VS 300
Rev. 4/5910502105034 15 167 08 094201101112 1-013 2-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Geo. W. Parvett

Licensed Embalmer No.

4799

P. O. Address

Milton Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.